



integrated working

COVID-19 Medicines Management Newsletter - No. 2

Warfarin to DOACs

In collaboration with the WSFT Anticoagulation Service, we have been actively considering wider use of DOACs across west Suffolk, and the replacement of warfarin therapy with DOACs, where appropriate.

In the light of the current situation with respect to COVID-19, and the need to limit patient hospital attendance to reduce the risk of contagion, we think, in specific cases, where patients would clearly benefit (because their anticoagulation control is poor and/or they need frequent INR checks or they need “shielding” e.g. those patients with COPD), now is the time to switch from warfarin to a DOAC. Please click [here](#) for national ***Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism (DVT/PE) during the coronavirus pandemic.***

To support GPs with this, the WSFT Anticoagulation Service will:

- upon request, provide GPs with a list of the Time In Range (TIR) of their patients on warfarin, so that patients could be prioritised accordingly for reassessment of anticoagulation and switching from warfarin to a DOAC, if appropriate. This should allow practices to avoid blanket switching (which may not be helpful for every patient in the long-term) and to focus their resources on those patients that would benefit most.

The WSFT Anticoagulation Service advise that:

- ***GPs should not use the TIR calculated by SystemOne, as it can be unreliable; the Anticoagulation Service uses the recommended and reliable method of Rosendaal et al***
- ***patients on warfarin who check their own INR using a self-testing device, e.g., CoaguChek® SHOULD NOT be switched to a DOAC unless their TIR is poor***
- continue to assist GPs in switching patients from warfarin to a DOAC, if considered appropriate, and to guide patients safely through the switching process
In order that the WSFT Anticoagulation Service can support GPs and patients with the switch process, GPs are encouraged to let the Service know when they intend to switch a patient from warfarin to a DOAC. This will also help save the Service considerable time and effort chasing patients for INR checks when they have already been switched to a DOAC.

The **WSFT Anticoagulation Service** can be contacted via:

email: wsh-tr.anticoagulation@nhs.net or

Telephone: 01284 713088

The **WSCCG-WSFT Atrial Fibrillation Anticoagulation-DOAC Prescribing Guidance** can be accessed [here](#).

Prioritisation of workload, including monitoring of shared care drugs

Please [click here](#) to access a document from the BMA, RCGP and NHSE which gives guidance for GPs on workload prioritisation during the COVID-19 pandemic. Monitoring of DMARDs is flagged as 'red' meaning that it must continue as usual. Some CCGs have advised that if a patient's dosage and monitoring have been stable for the past 6 months, prescribing can be authorised for a further 3 months before repeating the blood test. This is an option for your consideration.

Further information for professionals and patients is available from the National Rheumatoid Arthritis Society website: www.nras.org.uk

Rheumatologists at WSFT have advised that prescribing of rheumatology drugs should continue as normal during the COVID-19 pandemic. If patients become unwell with symptoms, then as per usual advice for infections, they must withhold medication and seek help. If they come in contact with any confirmed COVID-19 patients, then also they must withhold medication and seek help.

Medicines supply chain, 28-day prescribing and stockpiling

In order not to put the supply chain at risk, NHSE/I has stressed that **no more than 28-day prescribing for all patients is a must-do for all prescribers at this time** and that patients and the public do not seek to stockpile medicines.

There are currently no medicine shortages as a result of COVID-19. The country is well prepared to deal with any impacts of the coronavirus and the Government has been working with manufacturers and suppliers to ensure people can continue to access the medicines they need.

The Department for Health and Social Care is working closely with industry, the NHS and others in the supply chain to ensure patients can access the medicines they need, and precautions are in place to reduce the likelihood of future shortages.

Electronic repeat dispensing (eRD)

NHSE/I is asking primary care to increase the use of eRD, in suitable patients, as part of the pandemic response. The NHSBSA is supporting this initiative by creating individual practice lists of NHS numbers of patients identified from their dispensing information to be suitable for eRD. This service will allow GP practices to identify patients who have received the same medications in the last 12 months of dispensing data (up to Jan 20). The initial lists will be provided for patients receiving one, two or three medications allowing practices to start the process of moving people to eRD where the move is likely to be straight forward.

From the afternoon of 27th March, the NHSBSA will be contacting practices directly via the last recorded email address for the practice to allow them to opt in to request this data. **ALL PRACTICES ARE STRONGLY ENCOURAGED TO TAKE UP THIS OFFER.** If practices do not receive this email they can opt in by emailing directly to request their eRD list to nhsbsa.epssupport@nhs.net. Once practices have opted in they will receive their data as a password protected spreadsheet with the password sent via separate email.

Increasing eRD will have the following benefits in the current situation:

- Reducing footfall to your practice and to the community pharmacy, subsequently supporting social distancing.
- Reducing workload for prescribers allowing better prioritisation of resources
- Controlled management of the supply chain reducing the number of temporarily unavailable medicines

Where eRD has been previously actively encouraged, GP practices have successfully achieved 70% of patients receiving their medications in this way. It is recommended that practices wanting to increase eRD are recommended to already have a tried and tested robust process in place for eRD before implementing to large numbers of patients. Collaboration is key to the successful implementation of eRD, therefore, practices moving to eRD must discuss their plans with local community pharmacies.

All PCN and practice pharmacists are asked to make it a priority to implement eRD for as many patients as possible.

The following resources maybe helpful in supporting the successful implementation of eRD:

- <https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing>
- <https://learning.necsu.nhs.uk/courses/electronic-repeat-dispensing/>
- www.nhsbsa.nhs.uk/eRD
- <https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers>

PRIMIS

PRIMIS, part of the University of Nottingham, is responsible for the development of the national influenza search specification on behalf of Public Health England.

To help practices identify and target their higher risk patients in relation to COVID-19, PRIMIS has been developing three stand-alone system searches. These searches can be downloaded and imported into your GP clinical system FREE OF CHARGE and without needing to log in to PRIMIS.

Currently, the search for high risk asthma patients (i.e. asthma patients with a high use of SABA [reliever] inhalers, who do not have a corresponding issue of an inhaled corticosteroid [ICS] inhaler*) is available to download via OneDrive by clicking the applicable link below:

EMIS system: [EMIS system PRIMIS asthma at higher risk patients COVID-19](#)

SystemOne: [TPP PRIMIS asthma at higher risk patients COVID-19](#)

**These asthma searches report on number of prescription issues and cannot report on the numbers of inhalers prescribed. The assumption is one issue = 1 inhaler and will therefore include patients with a minimum of six SABA inhalers in the last 12 months.*

Searches for 'Patients with COPD and a history of pneumonia' and 'Patients with diabetes and cardiovascular disease' are due to be released soon.

Rescue packs and inhaler requests for asthma and COPD

False social media and Facebook advice has been circulating suggesting anyone with asthma, COPD, bronchitis or other lung conditions should contact their GP for the rescue packs of steroids and antibiotics. Issuing of rescue packs should be on a clinical case by case basis by the asthma nurse specialist or specialist respiratory team.

Patients should not be issued extra inhalers

If patients are requesting inhalers who have not had them for quite some time they probably do not need them, a clinical assessment / phone call assessment should be made to alleviate concerns and find out what is clinically indicated and prescribed accordingly.

Provision of medicines following a telephoned outpatient appointment

To avoid the spread of COVID-19, outpatient appointments are now being carried out by telephone at West Suffolk Foundation Trust, and at Norfolk and Suffolk Foundation Trust. [Click here](#) to access full information about the provision of medicines following these telephoned appointments.

Change in pharmacy opening times

NHSE&I have issued an updated SOP for community pharmacies to allow some flexibility in the hours in which they need to open to the public during the COVID-19 pandemic. Some pharmacies are therefore closing to the public for one or two hours once or twice a day to allow them to 'catch-up'. These changes should help to ensure that pharmacies can stay open to the public, and that staff can work safely and are not fatigued by the current high workload.

NHSE/I

The NHSE/I coronavirus advice page can be accessed [here](#)

NICE

NICE have a dedicated Covid-19 page where they will be publishing their rapid guidelines and evidence reviews as well as other useful information relating to Covid-19. [Click here](#) to access.